

Mentee Application

The information you provide on this form will assist us in making an appropriate match between you and potential mentors. Please be as specific as possible. The mentee must assume responsibility for his/her growth and development. This program is not an agreement, guarantee or commitment of promotion, transfer, or other specific results. Rather it is a means of assisting the employee in setting individual career goals and enhancing his/her capabilities.

Name: _____ Job Title/Grade: _____

Division: _____ Building/Room: _____

Phone Number: _____ FAX Number: _____

E-mail address: _____

Supervisor's Name / Phone / Building: _____

Goals of mentoring partnership:

(Be specific, e.g. develop proposal writing skills)

Identify the skills/competencies/expertise that would assist you most in reaching your personal mentoring goal:

- | | |
|---|---|
| <input type="checkbox"/> Interpersonal Skills | <input type="checkbox"/> Goal Setting Skills |
| <input type="checkbox"/> Communication Skills | <input type="checkbox"/> Preparation for Management |
| <input type="checkbox"/> Conflict Resolution Skills | <input type="checkbox"/> Time Management Skills |
| <input type="checkbox"/> Networking Skills | <input type="checkbox"/> Confidante/Sounding Board |
| <input type="checkbox"/> Technical Skills | <input type="checkbox"/> Other _____ |

What specific outcomes do you hope to achieve as a result of this mentoring partnership?

How much time can you realistically invest in the mentoring partnership?

☐ Less than 1 hour per week ☐ More than 1 hour per week

Have you ever had a mentor? ☐ Yes ☐ No

Describe your ideal mentor: _____

Are there any individuals you would specifically be interested in as your mentor? Please identify: _____

Signature

Date

PLEASE ATTACH A PROFILE OF YOUR EDUCATION, WORK EXPERIENCE, AND OTHER RELEVANT TRAINING AND SKILLS, INCLUDING YOUR WORK AT ARGONNE.

Give the completed application to your ALD Mentoring Coordinator.